



STUDENT APPLICATION FORM

This application does not ensure enrollment. Required documentation and in-person interview are necessary for eligibility verification. You will be notified regarding the status of your application as soon as possible.

APPLICANT INFORMATION

Select the type of program(s) you are applying for:

SCHOOL DAY: 6 weeks to 5 years old

HOME-BASED: Prenatal to 3 years old

CHILD/APPLICANT NAME: _____
First Middle Last

BIRTH DATE: _____ AGE: _____ Male Female X Due Date: _____
(If applicant is pregnant)

LIVING ADDRESS: _____
Street City State Zip

MAILING ADDRESS: _____
(If different) Street City State Zip

APPLICANT'S PRIMARY LANGUAGE: English Spanish Other: _____

IS THE APPLICANT OF LATINO OR HISPANIC ORIGIN? Yes No

APPLICANT'S ETHNIC BACKGROUND: Asian Multi-Racial White Black Or African American
 Native Hawaiian Or Other Pacific Islander Unknown
 American Indian Or Alaskan Native Other: _____

DOES THE APPLICANT HAVE AN IEP OR IFSP? Yes No

WHERE DOES APPLICANT RECEIVE SERVICES? _____

PARENT/GUARDIAN INFORMATION

1st PARENT/GUARDIAN NAME: _____
First Middle Last

PARENT'S PHONE NUMBER: _____ PARENT'S BIRTH DATE: _____ Male female X

PARENT'S PRIMARY LANGUAGE: English Spanish Other: _____

RELATIONSHIP TO CHILD: Parent Legal Guardian Foster Parent Grandparent Other Relative

EMPLOYMENT STATUS: Employed Pt/Ft Student Unemployed Business Owner Other

EMPLOYER NAME: _____ CITY/TOWN: _____ STATE: _____

CORRESPONDENCE PREFERRED BY: Postal Mail Email: _____



2nd PARENT/GUARDIAN NAME: _____
First Middle Last

PARENT'S PHONE NUMBER: _____ PARENT'S BIRTH DATE: _____ Male female X

PARENT'S PRIMARY LANGUAGE: English Spanish Other: _____

RELATIONSHIP TO CHILD: Parent Legal Guardian Foster Parent Grandparent Other Relative

EMPLOYMENT STATUS: Employed Pt/Ft Student Unemployed Business Owner Other

EMPLOYER NAME: _____ CITY/TOWN: _____ STATE: _____

CORRESPONDENCE PREFERRED BY: Postal Mail Email: _____

LIVING ADDRESS: _____
Street City State Zip

Please list all other people living in your household supported by your income related to the applicant by blood, marriage, or adoption.

NAME: _____ RELATIONSHIP TO CHILD: _____ DATE OF BIRTH: _____

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Applications are considered incomplete without the signature of parent or legal guardian and verifying documents. Proof of ID will be required at the time of parent interview/registration.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

APPLICATION RECEIVED BY: _____ DATE: _____

Mid-Columbia Children's Council is an equal opportunity provider.

